

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
New Jersey Medical Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|---------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | | 7450.78 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 7450.78 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 12684.99 | 12684.99 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 20135.77 | 20135.77 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 5090.00 | 5090.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 15045.77 | 15045.77 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
New Jersey Medical Political Action Committee

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To:

| | |
|---|---|
| M | M |
| 0 | 3 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 8500.00 | 8500.00 |
| (i) Itemized (use Schedule A) | 0.00 | 0.00 |
| (ii) Unitemized | 8500.00 | 8500.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 8500.00 | 8500.00 |
| 12. Transfers From Affiliated/Other Party Committees | 4166.24 | 4166.24 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 18.75 | 18.75 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 12684.99 | 12684.99 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 12684.99 | 12684.99 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 90.00 | 90.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 90.00 | 90.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 5000.00 | 5000.00 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds..... | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 5090.00 | 5090.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 5090.00 | 5090.00 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 8500.00 | 8500.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 8500.00 | 8500.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 90.00 | 90.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 90.00 | 90.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12
(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee

A.

Full Name (Last, First, Middle Initial)
S. Manzoor S Abidi, MD

Mailing Address 504 Route 38 E
Neur Regional Asso

City State Zip Code
Maple Shade NJ 08052-2039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Neurol Reg Assoc PA physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: C410026

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Anthony P. Caggiano, Jr MD

Mailing Address PO Box 43609

City State Zip Code
Montclair NJ 07043-0609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UMDNJ-NJMS Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: C410031

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Michael A Graff, MD

Mailing Address 1945 State Route 33
Room A 250

City State Zip Code
Neptune NJ 07753-4859

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 20 / 2008

Transaction ID: C410035

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee

A. Full Name (Last, First, Middle Initial)
Paul J Hirsch, MD

Mailing Address Green Knoll Prof Bldg
720 US Hwy 202-206

City Bridgewater State NJ Zip Code 08807

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2008
Transaction ID: C410037
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Clark W. Martin, Mr.

Mailing Address 918 Roeloffs Rd

City Yardley State PA Zip Code 19067-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer MBI -Glucksaw Occupation lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 20 / 2008
Transaction ID: C410022
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Douglas B Moore, MD

Mailing Address PO Box 479
1295 Rte 38 West

City Hainesport State NJ Zip Code 08036-0479

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiologist Associates of Bulinton Cou Occupation Doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 20 / 2008
Transaction ID: C410028
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee

A. Full Name (Last, First, Middle Initial)
John W Poole, MD

Mailing Address 83 Summit Ave
North Jersey Surgical Specialists

City Hackensack State NJ Zip Code 07601-1262

FEC ID number of contributing federal political committee. C

Name of Employer: North Jersey Surgical Specialists Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
02 / 20 / 2008

Transaction ID: C410024

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
R. Gregory R Sachs, MD

Mailing Address 92 Mountain Ave

City Summit State NJ Zip Code 07901-3478

FEC ID number of contributing federal political committee. C

Name of Employer: Summit Medical Group Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
02 / 20 / 2008

Transaction ID: C410038

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Michael J Spedick, MD

Mailing Address 1244 Indian Hill Rd

City Toms River State NJ Zip Code 08753-2871

FEC ID number of contributing federal political committee. C

Name of Employer: self Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
03 / 26 / 2008

Transaction ID: C410036

Amount of Each Receipt this Period 1000.00

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 3000.00 |
| TOTAL This Period (last page this line number only) | 8500.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | | |
|---|------------------------------|------------------------------|--|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 9 / 12 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------------------------|---|------------------------------------|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Smith Barney | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 13 E Court Street | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 8 | | 2 | 0 | 0 | 8 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 2 | | 2 | 8 | | 2 | 0 | 0 | 8 | | | | | | | | | | | | | | |
| | City | State | Zip Code | | Transaction ID: C410449 | | | | | | | | | | | | | | | | | | | |
| | Doylestown | PA | 18901 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | | C | | Amount of Each Receipt this Period | | | | | | | | | | | | | | | | | | | | |
| Name of Employer | | Occupation | | 4166.24 | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 4178.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 4166.24 |
| TOTAL This Period (last page this line number only) | ▶ | 4166.24 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | |
|---|-------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 12 |
| | (check only one) |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input checked="" type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee

A.

| | | |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial) Smith Barney | | Date of Receipt |
| Mailing Address 13 E Court Street | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 0 2 / 2 9 / 2 0 0 8 |
| City | State | Zip Code |
| Doylestown | PA | 18901 |
| FEC ID number of contributing federal political committee. | | Transaction ID: C410447 |
| | | Amount of Each Receipt this Period |
| | | <input type="text"/> 1.20 |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text"/> 4178.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---|------------------------------|---|
| Full Name (Last, First, Middle Initial) Smith Barney | | Date of Receipt |
| Mailing Address 13 E Court Street | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 0 3 / 3 1 / 2 0 0 8 |
| City | State | Zip Code |
| Doylestown | PA | 18901 |
| FEC ID number of contributing federal political committee. | | Transaction ID: C410448 |
| | | Amount of Each Receipt this Period |
| | | <input type="text"/> 10.56 |
| Name of Employer | Occupation | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text"/> 4178.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 11.76 |
| TOTAL This Period (last page this line number only) | <input type="text"/> 11.76 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee

| | | | |
|-----------|--|--|--|
| A. | Full Name (Last, First, Middle Initial) PNC Bank Mailing Address PO Box 609 City Pittsburgh State PA Zip Code 15230-0609 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Transaction ID: D60934 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8 | Amount of Each Disbursement this Period 30.00 |
| B. | Full Name (Last, First, Middle Initial) PNC Bank Mailing Address PO Box 609 City Pittsburgh State PA Zip Code 15230-0609 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D60935 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 | Amount of Each Disbursement this Period 30.00 |
| C. | Full Name (Last, First, Middle Initial) PNC Bank Mailing Address PO Box 609 City Pittsburgh State PA Zip Code 15230-0609 Purpose of Disbursement Bank Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: D60936 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 8 | Amount of Each Disbursement this Period 30.00 |

| | | | |
|--|--|--------------|--|
| SUBTOTAL of Disbursements This Page (optional) | | 90.00 | |
| TOTAL This Period (last page this line number only) | | 90.00 | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee

A. ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 295

City Oaklyn State NJ Zip Code 08107

Purpose of Disbursement contribution

Candidate Name
Rep. Robert E. Andrews

Office Sought: House
 Senate
 President

State: NJ District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D60887

Date of Disbursement

01 / 24 / 2008

Amount of Each Disbursement this Period

2500.00

B. The Democratic Congressional Campaign Committee

Full Name (Last, First, Middle Initial)

Mailing Address 430 South Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution to National Party

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: D60937

Date of Disbursement

03 / 11 / 2008

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

TOTAL This Period (last page this line number only) ►

5000.00